

Oklahoma State Department of Health Consumer Health Service

PO Box 268815, Oklahoma City, OK 73126-8815 p. (405) 426-8250 f. (405) 900-7557 CHSLicensing@health.ok.gov

TATTOO & BODY PIERCING ARTIST LICENSE Application

Please Select One:			☐ Tattoo Artist License		
APPLICATION REQUIREMENTS:					
Complete Application Bloodborne Pathogen Certification					
Notarized copy of photo ID First Aid Certification					
□ Notarized copy of birth certificate □ CPR Certification □ Affidavit of Lawful Presence □ \$250 License Fee					
Proof of 2 years of licensed experience <i>or</i> Proof of completion of an approved apprenticeship					
PLEASE PRINT CLEARLY OR TYPE:					
Applicant Name:					
	First	MI	Last		
Residence Address:	Address		City	State Zip	
Mailing Addrage	Address		City	State Zip	
Mailing Address:	Address		City	State Zip	
Date of Birth:	Social Secu	rity Number:	Sex: [Male Female	
Primary Phone:	Alternate Phone:				
Email Address:					
Shop(s) to work in:					
Shop License #(s):					
Have you applied for a tattoo or body piercing license prior to this application?					
If Yes, please list the type(s) and date(s) of your prior application(s): Body Piercing Tattoo					
Date(s):					
NOTE: You must be at least eighteen (18) years old to be eligible to receive this license.					
Once all the required documents are received and verified, the Department will mail you a test letter giving permission to take the tattoo/body piercing competency test. You must receive a minimum score of 70% to pass the test. Upon receiving the test results, the Department will issue your artist license.					
All license holders must maintain current Bloodborne Pathogen, CPR, and First Aid certifications when practicing with this license.					
I HEREBY CERTIFY this application contains no willful misrepresentation or falsification and the information given by me is true and complete to the best of my knowledge and belief.					
Signature: Date:					
(Please retain a copy of the completed application for your records.)					
FOR OSDH USE ONLY					
This signature acknowledges that the applicant meets the requirements to be licensed as an artist in the designated category.					
OSDH Staff Signature: Date:					
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